

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM COMMISSION

(Type or Print Clearly)

(First)	(Middle)	TELEPHONE	
Richard	С	808-479-7966	
		FAX	
		808-883-1424	
(State)	(Zip Code)		
HI	96738		
EMPLOYING ORGANIZATION (Filt in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE	
LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC. (LISH)			
MAILING ADDRESS (Street)			
810		808-479-7966	
(State)		(Zip Code)	
HI		96813	
	Richard (State) HI only if you are employed by a business entity with RMATION SERVICES OF H. 810 (State)	Richard C (State) HI only if you are employed by a business entity which has been retained to lobby) RMATION SERVICES OF HAWAII, INC. (LISH) 810 (State)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	TELEPHONE	
Consumer Fireworks Safe	202-71393388	
MAILING ADDRESS (Street)	FAX	
16526 Shore Drive, N.E.		206-363-7575
(City)	(State)	(Zip Code)
Lake Forest Park	Washington	98155-5631
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Jerald E. Farley		206-713-3388
MAILING ADDRESS (Street)		FAX
16526 Shore Drive, N.E.		206-363-7575
(City)	(State)	(Zip Code)
Lake Forest Park	Washington	98155-5631

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation	on & Intergovernmental Relati International Affairs	ons,	
Consumer Protection & Commerce	XX Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Correction	ons	
	N OF LOBBYIST			
I hereby certify that the	information furnishe	d above is, to the best of my kno	owledge, correct and complete.	
Share	8/2 P -12.07			
7007	(Signature of Lobbyist)	The state of the s	(Date)	
PART V AUTHORIZATION	ON TO LOBBY			
NAME		TITLE OF AUTHORIZING O	FFICER OR PERSON REPRESENTED	
Jerry R. Elrod				
NAME OF ORGANIZATION (if a	oplicable)		TELEPHONE	
Consumer Fireworks Safety Association		206-713-3388		
MAILING ADDRESS (Street)			FAX	
16526 Shore Drive N.E.		206-363-7575		
(City)	(St	tate)	(Zip Code)	
Lake Forest Park	Wa	shington	98155-5631	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
Jerry R. Elrod, President			January 3, 2007	
(Signature of Authorizing Officer or Person Represented)		n Represented)	(Date)	